

## CLAIMS ONLY

Application Number

10/1789695

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total Indep			4			
Total Depend			23			
Total Claims			27			

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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58						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

4  
23  
27